

<i>SERFF Tracking Number:</i>	<i>TWRG-125453267</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Tower Insurance Company of New York</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-AR-3-GL-031</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Independent GL Form Filing</i>		
<i>Project Name/Number:</i>	<i>Independent GL Form Filing/08-AR-3-GL-031</i>		

## Filing at a Glance

Company: Tower Insurance Company of New York

Product Name: Independent GL Form Filing	SERFF Tr Num: TWRG-125453267	State: Arkansas
TOI: 17.2 Other Liability - Occurrence Only	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 17.2001 Commercial General Liability	Co Tr Num: 08-AR-3-GL-031	State Status: Fees verified and received
Filing Type: Form	Co Status: Pending	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Author: Faye Storch	Disposition Date: 02/11/2008
	Date Submitted: 01/24/2008	Disposition Status: Approved
Effective Date Requested (New): 02/29/2008		Effective Date (New):
Effective Date Requested (Renewal): 02/29/2008		Effective Date (Renewal):
State Filing Description:		

## General Information

Project Name: Independent GL Form Filing	Status of Filing in Domicile: Authorized
Project Number: 08-AR-3-GL-031	Domicile Status Comments:
Reference Organization: N/A	Reference Number: N/A
Reference Title: N/A	Advisory Org. Circular: N/A
Filing Status Changed: 02/11/2008	
State Status Changed: 02/11/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Tower Insurance Company of New York submits for your review and approval, two (2) endorsements to be used in conjunction with ISO's Commercial General Liability Coverage Form(s), currently on file with your Department. Please refer to the attached Forms Memorandum for information about each form.	

The rules associated with this filing were filed under separate cover.

We wish to make this filing effective for all policies effective on or after February 29, 2008, or the earliest date permitted

<i>SERFF Tracking Number:</i>	<i>TWRG-125453267</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Tower Insurance Company of New York</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-AR-3-GL-031</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Independent GL Form Filing</i>		
<i>Project Name/Number:</i>	<i>Independent GL Form Filing/08-AR-3-GL-031</i>		

by your state.

Your favorable consideration and approval are respectfully requested.

## Company and Contact

### Filing Contact Information

Faye Storch, Senior Business Analyst	fstorch@twrgroup.com
120 Broadway, 31st Floor	(212) 655-2189 [Phone]
New York, NY 10271-3199	(631) 824-9203[FAX]

### Filing Company Information

Tower Insurance Company of New York	CoCode: 44300	State of Domicile: New York
120 Broadway, 31st Floor	Group Code: 3703	Company Type: Property & Casualty
New York, NY 10271-3199	Group Name: Tower Group Companies	State ID Number:
(212) 655-2000 ext. [Phone]	FEIN Number: 13-3548249	
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 per Form Filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Tower Insurance Company of New York	\$50.00	01/24/2008	17651826

<i>SERFF Tracking Number:</i>	<i>TWRG-125453267</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Tower Insurance Company of New York</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-AR-3-GL-031</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Independent GL Form Filing</i>		
<i>Project Name/Number:</i>	<i>Independent GL Form Filing/08-AR-3-GL-031</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Edith Roberts	02/11/2008	02/11/2008

<i>SERFF Tracking Number:</i>	<i>TWRG-125453267</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Tower Insurance Company of New York</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-AR-3-GL-031</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Independent GL Form Filing</i>		
<i>Project Name/Number:</i>	<i>Independent GL Form Filing/08-AR-3-GL-031</i>		

## Disposition

Disposition Date: 02/11/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	TWRG-125453267	State:	Arkansas
Filing Company:	Tower Insurance Company of New York	State Tracking Number:	EFT \$50
Company Tracking Number:	08-AR-3-GL-031		
TOI:	17.2 Other Liability - Occurrence Only	Sub-TOI:	17.2001 Commercial General Liability
Product Name:	Independent GL Form Filing		
Project Name/Number:	Independent GL Form Filing/08-AR-3-GL-031		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Forms Memorandum	Approved	Yes
Form	Errors and Omissions Liability Insurance	Approved	Yes
	Temporary Help Service		
Form	Damage To Property of Temporary Employer	Approved	Yes

SERFF Tracking Number: TWRG-125453267 State: Arkansas

Filing Company: Tower Insurance Company of New York State Tracking Number: EFT \$50

Company Tracking Number: 08-AR-3-GL-031

TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability

Product Name: Independent GL Form Filing

Project Name/Number: Independent GL Form Filing/08-AR-3-GL-031

## Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Errors and Omissions Liability Insurance Temporary Help Service	CG9 04 26	12 07	Endorsement/Amendment/Conditions		0.00	CG9 04 26 12 07 - E&O Temp Help.doc
Approved	Damage To Property of Temporary Employer	CG9 04 27	12 07	Endorsement/Amendment/Conditions		0.00	CG9 04 27 12 07 - Damage to Prop of Temp Employer.doc

<i>SERFF Tracking Number:</i>	<i>TWRG-125453267</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Tower Insurance Company of New York</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-AR-3-GL-031</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Independent GL Form Filing</i>		
<i>Project Name/Number:</i>	<i>Independent GL Form Filing/08-AR-3-GL-031</i>		

Attachment "CG9 04 26 12 07 - E&O Temp Help.doc" is not a PDF document and cannot be reproduced here.

*SERFF Tracking Number:*      *TWRG-125453267*      *State:*      *Arkansas*  
*Filing Company:*      *Tower Insurance Company of New York*      *State Tracking Number:*      *EFT \$50*  
*Company Tracking Number:*      *08-AR-3-GL-031*  
*TOI:*      *17.2 Other Liability - Occurrence Only*      *Sub-TOI:*      *17.2001 Commercial General Liability*  
*Product Name:*      *Independent GL Form Filing*  
*Project Name/Number:*      *Independent GL Form Filing/08-AR-3-GL-031*

Attachment "CG9 04 27 12 07 - Damage to Prop of Temp Employer.doc" is not a PDF document and cannot be reproduced here.



<i>SERFF Tracking Number:</i>	<i>TWRG-125453267</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Tower Insurance Company of New York</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>08-AR-3-GL-031</i>		
<i>TOI:</i>	<i>17.2 Other Liability - Occurrence Only</i>	<i>Sub-TOI:</i>	<i>17.2001 Commercial General Liability</i>
<i>Product Name:</i>	<i>Independent GL Form Filing</i>		
<i>Project Name/Number:</i>	<i>Independent GL Form Filing/08-AR-3-GL-031</i>		

## **Rate Information**

Rate data does NOT apply to filing.

SERFF Tracking Number: TWRG-125453267 State: Arkansas  
Filing Company: Tower Insurance Company of New York State Tracking Number: EFT \$50  
Company Tracking Number: 08-AR-3-GL-031  
TOI: 17.2 Other Liability - Occurrence Only Sub-TOI: 17.2001 Commercial General Liability  
Product Name: Independent GL Form Filing  
Project Name/Number: Independent GL Form Filing/08-AR-3-GL-031

## Supporting Document Schedules

**Satisfied -Name:** Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 02/11/2008

**Comments:**

Please see attached.

**Attachment:**

01-24-08 ARPCTD-1.pdf

**Satisfied -Name:** Cover Letter **Review Status:** Approved 02/11/2008

**Comments:**

Please see attached

**Attachment:**

01-24-08 Cover letter-F.pdf

**Satisfied -Name:** Forms Memorandum **Review Status:** Approved 02/11/2008

**Comments:**

Please see attached.

**Attachment:**

01-24-08 Forms Memorandum.pdf

## Property & Casualty Transmittal Document

<b>1. Reserved for Insurance Dept. Use Only</b>	<b>2. Insurance Department Use only</b> a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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<b>3.</b>	<b>Group Name</b>	<b>Group NAIC #</b>
	Tower Group Companies	3703

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Tower Insurance Company of New York	New York	44300	13-3548249	

<b>5. Company Tracking Number</b>	<b>08-AR-3-GL-031</b>
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**Contact Info of Filer(s) or Corporate Officer(s)** [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Faye V. Storch Tower Group Companies 120 Broadway, 31 <sup>st</sup> Floor New York, N.Y. 10271-3199	Senior Business Analyst	212-655-2189	631-824-9203	fstorch@twrgroup.com

<b>7.</b>	Signature of authorized filer	
<b>8.</b>	Please print name of authorized filer	Faye V. Storch

**Filing information** (see General Instructions for descriptions of these fields)

<b>9.</b>	Type of Insurance (TOI)	17.0 Other Liability-Occ/Claims Made
<b>10.</b>	Sub-Type of Insurance (Sub-TOI)	17.0001 Commercial General Liability
<b>11.</b>	State Specific Product code(s)(if applicable)[See State Specific Requirements]	17.2 Other Liability-Occ Only
<b>12.</b>	Company Program Title (Marketing title)	N/A
<b>13.</b>	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
<b>14.</b>	Effective Date(s) Requested	New: 02/29/08    Renewal: 02/29/2008

## Property & Casualty Transmittal Document---

<b>15.</b>	<b>Reference Filing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>16.</b>	<b>Reference Organization</b> (if applicable)	N/A
<b>17.</b>	<b>Reference Organization # &amp; Title</b>	N/A
<b>18.</b>	<b>Company's Date of Filing</b>	01/24/2008
<b>19.</b>	<b>Status of filing in domicile</b>	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved
<b>20.</b>	<b>This filing transmittal is part of Company Tracking #</b>	08-AR-3-GL-031

<b>21.</b>	<b>Filing Description</b> [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Tower Insurance Company of New York submits for your review and approval, two (2) endorsements to be used in conjunction with ISO's Commercial General Liability Coverage Form(s), currently on file with your Department. Please refer to the attached Forms Memorandum for information about each form.

The rules associated with this filing were filed under separate cover.

We wish to make this filing effective for all policies effective on or after February 29, 2008, or the earliest date permitted by your state.

Your favorable consideration and approval are respectfully requested.

<b>22.</b>	<b>Filing Fees</b> (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p><b>Check #: EFT</b>  <b>Amount: \$50.00</b>          \$50.00 Form Filing</p> <p><b>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</b></p>	

**\*\*\*Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**



# **TOWER GROUP COMPANIES**

120 BROADWAY, 31ST FLOOR  
NEW YORK, NEW YORK 10271-3199

Faye V. Storch  
Senior Business Analyst  
Home Office Underwriting

Telephone: (212) 655-2189  
Facsimile: (631) 824-9203  
E-mail: [fstorch@twrgrp.com](mailto:fstorch@twrgrp.com)

January 24, 2008

Honorable Julie Benafield Bowman  
Commissioner of Insurance  
Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

**RE: Tower Insurance Company of New York**  
NAIC # 3703-44300 FEIN # 13-3548249  
**Commercial General Liability**  
**Form Filing**  
**Company Filing Number: 08-AR-3-GL-031**

Dear Commissioner Bowman:

Tower Insurance Company of New York submits for your review and approval, two (2) endorsements to be used in conjunction with ISO's Commercial General Liability Coverage Form(s), currently on file with your Department. Please refer to the attached Forms Memorandum for information about each form.

The rules associated with this filing were filed under separate cover.

We wish to make this filing effective for all policies effective on or after February 29, 2008, or the earliest date permitted by your state.

Your favorable consideration and approval are respectfully requested.

Yours very truly,

Faye V. Storch

**TOWER INSURANCE COMPANY OF NEW YORK**  
**COMMERCIAL GENERAL LIABILITY**  
**FORMS MEMORANDUM**

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1. **Damage to Property of Temporary Employer, Form No. CG9 04 27 12 07** – This form provides coverage regardless of liability, to property owned by, or in the care, custody or control of a “temporary employer” caused solely by a “temporary employee” in the course of his or her employment by insured while working for that “temporary employer”. Please see the attached rating rule associated with this optional endorsement.
  
2. **Errors and Omissions Liability Insurance Temporary Help Service, Form No. CG9 04 26 12 07**. This form provides coverage for damages resulting from any Wrongful Act committed by you or by any other person for whose actions you are legally responsible, but only if such Wrongful Act first occurs during the policy period and in the conduct of your business as a Temporary Help Services as defined in the endorsement. Please see the attached rating rule associated with this optional endorsement.